DATE:	129/01	FROM: SN	GUYEN	(print name)
	1-11-1	REASON(S):		
FORWARD TO:		A. You had Parent	(check box)	
. Art Unit:	2133	B. See Title	(check box)	
3. Class:	7/4	C. See Abstract	(check box)	
Subclass:	700+	D. See Claim(s):		
URTHER EXPLAN	NATION IF NE	EDED:		
	Gen cea	ting a packet of please censis	with a esseu	e correcti
		pleak cension	der.	
DATE:		FROM:		(print name)
	··	REASON(S):		
FORWARD TO:		A. You had Parent	(Check box)	
A. Art Unit:		_ B. See Title	(check box)	
B. Class:		C. See Abstract	(check box)	
		.		
	NATION IF NE	_ D. See Claim(s): EDED:		
URTHER EXPLAN	NATION IF NE	-		(print name
FURTHER EXPLAN	NATION IF NE	EDED:		(print name
URTHER EXPLAN		EDED: FROM:	(check box)	
OATE:		FROM: REASON(S):	(check box)	
DATE:		FROM: REASON(S): A. You had Parent		
DATE:		FROM: REASON(S): A. You had Parent B. See Title	(check box)	
DATE:	ASSIFIER	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)	
OATE:	ASSIFIER	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)	
OATE:	ASSIFIER	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)	
FURTHER EXPLAN	ASSIFIER NATION IF NE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EDED:	(check box)	
DATE: FORWARD TO CLA	ASSIFIER NATION IF NE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EDED:	(check box)	
DATE: FORWARD TO CLA FURTHER EXPLANA DISPOSITION B	ASSIFIER NATION IF NE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EDED: ASSIFICATION CLASSIFIER:	(check box)	
DATE: FORWARD TO CLA FURTHER EXPLAN DISPOSITION B DATE:	ASSIFIER NATION IF NE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EDED:	(check box)	
DATE: FURTHER EXPLANT DATE: FURTHER EXPLANT DISPOSITION B DATE: FORWARD TO: A. Art Unit:	ASSIFIER NATION IF NE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EDED: ASSIFICATION CLASSIFIER: REASON(S):	(check box)	
DATE: FORWARD TO CLA FURTHER EXPLANT DISPOSITION B DATE: FORWARD TO:	ASSIFIER NATION IF NE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EDED: ASSIFICATION CLASSIFIER: REASON(S): A. You had Parent	(check box)	

FURTHER EXPLANATION IF NEEDED: